

# TRANSMITTAL FORM

to be used on all correspondence after initial filing)

ATTORNEY DOCKET NO.

**11669.0266USU2**

U.S. APPLICATION SERIAL NO.

**08/948,149**

CONFIRMATION NO.

**6683**

FILING DATE

**October 9, 1997**

GROUP ART UNIT

**1645**

EXAMINER

**Rodney P. Swartz**

**Brian M. Fendley et al.**

TITLE OF APPLICATION

**ANTI-ErbB2 ANTIBODIES**

ADDRESS TO:

Mailstop AF  
Commissioner for Patents  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

## ENCLOSURES

- ☒ Transmittal Form (In Duplicate)
- ☒ Fee Transmittal (In Duplicate)
- ☒ Extension of Time Request for Three Month(s)
- ☒ Notice of Appeal
- ☒ Return Postcard

☒ Please charge Deposit Account No. 13-2725 in the amount of \$1,520.00 to cover any required fees. In the event any variance exists between this amount and the Patent Office charges for filing the above-noted documents, including any fees required under 35 CFR 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 13-2725. Further, if these papers are not considered timely filed, then a request is hereby made under 37 CFR 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

## CORRESPONDENCE ADDRESS

☒ The address associated with Customer Number: **23552** OR ☐ the correspondence address below.


Name

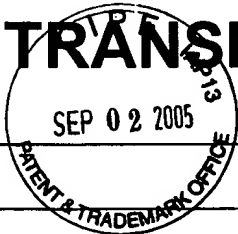
Address

City

State

Zip Code

NAME	Steven B. Kelber	REGISTRATION NO.	30,073
SIGNATURE		DATE	September 2, 2005
NAME		TELEPHONE	202 326-0300
		REGISTRATION NO.	

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <div style="text-align: center;">  </div>		DOCKET NO. <b>11669.0266USU2</b>
		U.S. APPLICATION SERIAL NO. (If known) <b>08/948,149</b>
		FILING DATE <b>October 9, 1997</b>
INVENTOR(S) <b>Brian M. Fendley et al.</b>	EXAMINER <b>Rodney P. Swartz</b>	GROUP ART UNIT <b>1645</b>
TITLE OF APPLICATION <b>ANTI-ErbB2 ANTIBODIES</b>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Certain fees are reduced by 1/2.		TOTAL AMOUNT OF PAYMENT <b>\$1,520.00</b>

☒ Please charge Deposit Account No. 13-2725 in the amount of \$1,520.00 to cover any required fees. In the event any variance exists between this amount and the Patent Office charges for filing the documents noted below, including any fees required under 37 CFR 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 13-2725. Further, if these papers are not considered timely filed, then a request is hereby made under 37 CFR 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed for fee processing.

The following fees have been submitted:

#### APPLICATION FEES

	FEE CODE	DESCRIPTION	FEE	CALCULATE
<input type="checkbox"/>	1011	Basic Filing Fee - Utility	\$300.00	
<input type="checkbox"/>	1111	Utility Search Fee	\$500.00	
<input type="checkbox"/>	1311	Utility Examination Fee	\$200.00	
<input type="checkbox"/>	1012	Basic Filing Fee - Design	\$200.00	
<input type="checkbox"/>	1112	Design Search Fee	\$100.00	
<input type="checkbox"/>	1312	Design Examination Fee	\$130.00	
<input type="checkbox"/>	1005	Provisional Application Filing Fee	\$200.00	
<input type="checkbox"/>	1014	Basic Filing Fee - Reissue	\$300.00	
<input type="checkbox"/>	1051	Surcharge - Late Filing Fee, Search Fee, Examination Fee or Oath or Dec.	\$130.00	
<input type="checkbox"/>	1801	Request for Continued Examination	\$790.00	
<input type="checkbox"/>	1814	Terminal Disclaimer	\$130.00	
<input type="checkbox"/>	1452	Petition to Revive Unavoidably Abandoned Application	\$500.00	
<input type="checkbox"/>	1453	Petition to Revive Unintentionally Abandoned Application	\$1,500.00	
<b>SUB TOTAL</b>				<b>\$ 0.00</b>

#### EXTENSION OF TIME FEES

	FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/>	1251	Extension for Response Within the First Month	\$120.00	
<input type="checkbox"/>	1252	Extension for Response Within the Second Month	\$450.00	
<input checked="" type="checkbox"/>	1253	Extension for Response Within the Third Month	\$1,020.00	\$1,020.00
<input type="checkbox"/>	1254	Extension for Response Within the Fourth Month	\$1,590.00	
<input type="checkbox"/>	1255	Extension for Response Within the Fifth Month	\$2,160.00	
Credit for Extensions Previously Paid				
<b>SUB TOTAL</b>				<b>\$1,020.00</b>

#### APPLICATION SIZE FEES

<input type="checkbox"/> Additional Fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing in compliance with 37 CFR 1.821(c) or (e) or computer program listing in an electronic medium) (37 CFR 1.492(j)). The fee is \$250 for each additional 50 sheets or fraction thereof.				<b>\$0.00</b>
Total Sheets	Extra Sheets	Number of each additional 50 sheets or fraction thereof (round up to whole no.)	RATE	
<u>0-100</u>	<u>/50=</u>		<u>x \$250.00 =</u>	

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### CLAIM FEES

CLAIMS	NUMBER FILED	NUMBER PREV. PAID FOR	MAX. PAID	NUMBER OF ADD'L CLAIMS	RATE		
Total Claims	0		<input checked="" type="checkbox"/> 20		x \$50	\$0.00	\$0.00
Independent Claims	0		<input checked="" type="checkbox"/> 2		x \$200	\$0.00	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM(S)					+ \$360	\$0.00	
TOTAL OF ABOVE CALCULATIONS =							

### APPEALS/INTERFERENCE FEES

	FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input checked="" type="checkbox"/>	1401	Notice of Appeal	\$500.00	\$500.00
<input type="checkbox"/>	1402	Filing a Brief in Support of an Appeal	\$500.00	
<input type="checkbox"/>	1403	Request for oral Hearing	\$1,000.00	
SUB TOTAL			\$ 500.00	

### POST-ALLOWANCE FEES

	FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/>	1501/1511	Utility/Reissue Issue Fee	\$1,400.00	
<input type="checkbox"/>	1502	Design Issue Fee	\$800.00	
<input type="checkbox"/>	1503	Plant Issue Fee	\$1,100.00	
SUB TOTAL			\$ 0.00	

TOTAL OF FEES SUBJECT TO REDUCTION FOR SMALL ENTITY STATUS			\$1,520.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.			x 1.00= \$1,520.00

### FEES NOT SUBJECT TO REDUCTION FOR SMALL ENTITY STATUS


### POST-ISSUANCE FEES

	FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/>	1811	Certificate of Correction	\$100.00	
<input type="checkbox"/>	1812	Request for Ex Parte Reexamination	\$2,520.00	
<input type="checkbox"/>	1813	Request for Inter Partes Reexamination	\$8,800.00	
SUB TOTAL			\$ 0.00	

### MISCELLANEOUS FEES

	FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/>	1053	Non-English Specification	\$130.00	
<input type="checkbox"/>	1806	Submission of an Information Disclosure Statement	\$180.00	
<input type="checkbox"/>	8001	Printed Copy of Patent	0 copies x \$3.00	
<input type="checkbox"/>	8021	Recording Assignment, Agreement or Other Paper	0 properties x \$40.00	
<input type="checkbox"/>	1504/1505	Publication/Republication Fee	\$300.00	
SUB TOTAL			\$ 0.00	

<b>TOTAL FEES SUBMITTED</b>	<b>\$1,520.00</b>
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NAME	Steven B. Kelber	REGISTRATION NO.	30,073
SIGNATURE		DATE	September 2, 2005
NAME		REGISTRATION NO.	